

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							SERIAL NO.		FILING DATE					
							10/584655							
							APPLICANT(S)							
<b>CLAIMS</b>														
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51							
2							52							
3							53							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		↓		↓		↓								
TOTAL DEP.		←	19	←		←								
TOTAL CLAIMS			20											
							↓		↓		↓			
							←		←		←			
							TOTAL IND.							
							TOTAL DEP.							
							TOTAL CLAIMS							